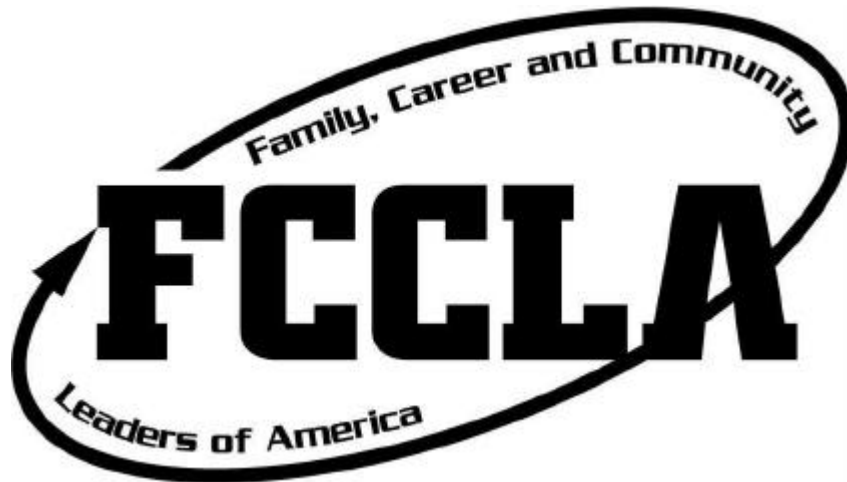


Family, Career and Community Leaders of America, Inc.

2003-2004 National Adviser Recognition Program

“Celebrating the accomplishments of chapter advisers”



DEADLINES

Chapter Advisers:

Application form and recommendations due to State Adviser, February 1, 2004.

State Advisers:

Application forms, recommendations and state summary sheet due to national headquarters, April 1, 2004.

Spirit of Advising Application due February 1, 2004.

FCCLA Adviser Recognition Program

State Adviser Instructions

Without capable adult leaders, students could not take advantage of the many opportunities offered through Family, Career and Community Leaders of America. Being an effective adviser takes special skills and a tremendous commitment of time and energy. Exceptional advisers motivate their chapters to take advantage of opportunities beyond the local level, use a wide variety of resources available to them and encourage student involvement. These advisers also share their expertise by offering adviser workshops to work one-on-one with new advisers.

Family, Career and Community Leaders of America's Adviser Recognition Program seeks to reward outstanding local advisers--those who make significant contributions to the organization. This recognition will attract attention from administrators and community members and call attention to the value of family and consumer sciences programs.

The Adviser Recognition Program recognizes advisers at two levels.

- **Master Adviser** recognizes outstanding advisers who operate co-curricular chapters with a balanced program of work.
- **Adviser Mentor** recognizes advisers who have achieved the level of Master Adviser and have worked with beginning advisers to orient them to Family, Career and Community Leaders of America.

Any number of advisers may apply and be recognized. Advisers may apply themselves or be nominated.

Successful implementation of this program depends on assistance from the state advisers. The following guidelines have been developed to guide these cooperative efforts.

Promotion

Applications are distributed to advisers attending National Leadership Meeting and upon written request. The Adviser Recognition Program is highlighted during sessions at National Leadership Meeting.

Upon request, applications will be sent to state advisers for distribution to local advisers. Local advisers will be instructed to request applications from the state adviser. States are encouraged to promote the program in their state publications, meeting programs and chapter mailings.

CONTACT THE CHAPTER RELATIONS MANAGER AT NATIONAL HEADQUARTERS TO RECEIVE A LIST OF ADVISERS WHO HAVE RECEIVED MASTER ADVISER/ADVISER MENTOR RECOGNITION SINCE 1990.

Screening

- Applications need to be screened for completeness and eligibility. Screening forms are attached.
- Applications are due to the state adviser by **February 1** and to national headquarters by **April 1**.
- Applications that are incomplete or do not meet requirements should be returned to the applicant with an explanation.

Review

We suggest a committee be appointed to review applications. Members might include FCCLA state officers, teacher educators, local family and consumer sciences supervisors, professional organization representatives or administrators. Scoring criteria sheets are included in this packet.

Although evaluators' scores may vary, we recommend recipients be those who are clearly considered to be outstanding, qualified advisers. Discussion among evaluators following scoring can help determine which applicants will be approved for recognition.

Recognition

Applications not approved for recognition should be returned to the candidate. State advisers should notify all applicants of the status of their application. Plans for recognition at the state level might be detailed in writing.

The state adviser should complete and forward the state summary sheet, application form and recommendation to the Chapter Relations Manager at national headquarters by April 1. **Scoring criteria forms and screening forms should not be forwarded to the national office.**

National headquarters will send letters of congratulations to all recipients. Award recipients will receive pins during the Adult General Assembly at the National Leadership Meeting. Advisers need not be present to receive this recognition. State advisers may purchase recognition items from API, 4471 Nicole Dr., Lanham, Maryland, 20706, 800/507-7007, or www.fccla-store.com.

FCCLA Adviser Recognition Program

Master Adviser Overview

This program recognizes advisers who have been successful in--

- advising an affiliated chapter for a minimum of three years;
- promoting the organization;
- operating a co-curricular chapter with a balanced program of work;
- facilitating youth-centered activities;
- keeping abreast of new happenings within the organization.

Criteria for Evaluation

A. Chapter facilitation skills and accomplishments	50%
B. Promoting the organization	30%
C. Professional development	10%
D. Recommendations	10%

Requirements

Candidates must successfully complete three years of advising to be eligible for recognition. Applicants in their third year of advising may apply.

Application Process

The candidate should submit a typed application and the three required recommendations to the state adviser by February 1. This application may be submitted by the candidate or as a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. When nominating candidates, it is best to contact the nominee to obtain complete information.

Review Process

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, teacher educators, local family and consumer sciences supervisor, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

Recognition

All recipients selected at the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisers unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from API, 4471 Nicole Dr., Lanham, Maryland, 20706, 800/507-7007, or www.fccla-store.com.

FCCLA Adviser Recognition Program

2003-2004 Master Adviser Application

Instructions

Type all information. Do not attach additional pages or materials except where noted. If you have too much information for the allotted space, select your best examples.

Return the following to your state adviser by February 1:

1. A completed copy of this Master Adviser Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - school administrator (principal, superintendent or vocational director)
 - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's name _____

School address _____

City/State/Zip _____

Home address _____

City/State/Zip _____

Phone: School _____ Fax _____ Home _____

Number of years teaching _____ Number of years advising _____

Courses taught: ☐-Comprehensive ☐-Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and consumer sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. Chapter Facilitation Skills and Accomplishments (50%)

1. Describe how you introduce Family, Career and Community Leaders of America to your students.
2. Describe how projects are planned in your chapter.
3. List types of recognition offered to your chapter members.

Types of Recognition

Who Plans This Recognition

When Received

4. Briefly describe co-curricular chapter projects completed during the past three years your chapter's program of work.
5. Size of family and consumer sciences program and FCCLA members during the past three

Year

Family and Consumer Sciences Enrollment

FCCLA Members

B. Promoting the Organization (30%)

1. *Candidates for office.* Note below the number of officer *candidates* you have sponsored for positions beyond the chapter level during your teaching career.

_____ District*

_____ State

_____ National

2. *State and nationally sponsored meetings.* List the calendar years you have attended any state or nationally sponsored meetings.

District _____

State _____

National _____

* District refers to district, region, parish or any other sub-state level.

Master Adviser Application continued--Page 3

3. Identify state and national publicity resources you have used in the last three years to promote the organization. (video, posters, *Teen Times*, etc.)

4. Identify ways your chapter publicizes FCCLA in the community and school.

C. Professional Development (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions and other professional development activities during your years as an adviser.

D. Master Adviser Recommendation (10%)

Please photocopy the attached Master Adviser Recommendation Form and secure one of each groups listed below. A total of three recommendations is recommended.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)

FCCLA Adviser Recognition Program

Master Adviser Recommendation

Applicant Instructions

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser. (See instructions on Master Adviser Application).

Evaluator Instructions

_____ is applying for recognition as a Master Adviser. Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

A Master Adviser is one who has--

- completed or is completing three years of advising;
- communicated the opportunities of Family, Career and Community Leaders of America (local, state and national levels) to students in the family and consumer sciences program;
- publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of family and consumer sciences;
- advised a chapter that carries out a program of work that--
 - relates to the purposes of the organization;
 - includes curriculum-related projects, balanced by fund raising activities, membership promotion, social events, public relations events and business meetings;
 - includes local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness or Leaders at Work);
 - includes opportunities for individualized, competitive and cooperative actions;
- helped members plan projects related to their own concerns;
- encouraged chapter activities relating to the scope of family and consumer sciences subjects being taught.

FCCLA Master Adviser Recommendation

Name of candidate _____

Instructions

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Promotes FCCLA involvement to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops a relevant program of work--			
■ relates to family and consumer sciences education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ develops a balanced program of work;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ involves students in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ includes cooperative, competitive and individualized activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature

Date

Person completing this form:

Name _____

Title _____

School _____

Address _____

City/State/Zip _____

Phone _____

teacher,etc)

Indicate your position:

☐ FCCLA Member

☐ School Administrator
(principal, superintendent or
vocational director)

☐ Person of candidates choice
(teacher educator, city
supervisor, another

FCCLA Adviser Recognition Program

Master Adviser Screening Form

Instructions: This form is provided for the state adviser's use in screening applications. Complete the grid below for each Master Adviser application received. Check whether each item is included in the application materials. Note whether the application was accepted or rejected for review.

Name _____

School _____

City _____

	Date Received	Reviewed
Application form		
Recommendation I FCCLA member		
Recommendation II School Administrator (Principal/superintendent/vocational director)		
Recommendation III Person of Candidate's choice (Teacher educator, city supervisor, another teacher, etc.)		
Three years advising experience		
Deadline met (optional)		
Application accepted		
Application rejected		

FCCLA Adviser Recognition Program

Master Adviser Scoring Criteria

Candidate's Name _____

Instructions: This form is to be completed by members of the review committee. Please evaluate the candidate's application and recommendations, recording findings below. Provide comments and note scores where requested. Indicate approval or disapproval of the candidate's application for recognition. Finally, sign and date the form.

Criteria	Comments
<p>A. <u>Chapter Facilitation Skills and Accomplishments</u></p> <p>Majority of projects relate to--</p> <ul style="list-style-type: none">■ family and consumer sciences education curriculum;■ purposes of Family, Career and Community Leaders of America;■ community need. <p>Program of work includes--</p> <ul style="list-style-type: none">■ a variety of activities (fundraising, social, PR, membership, etc.);■ national and state programs;■ balance of individualized, competitive and cooperative activities;■ activities with other groups.■ FCCLA planning process used.■ Appropriate recognition given.■ Used wide variety of FCCLA resources. <p>Points Possible 50</p>	<p>Score _____</p>

<p>B. <u>Promoting the Organization</u></p> <ul style="list-style-type: none"> ■ Affiliates over 50% of Family & Consumer Science students. ■ Sponsors candidates for office beyond local level. ■ Attends state and nationally sponsored meetings. ■ Receives positive publicity for chapter action. <p>Points Possible 30</p>	<p>Score _____</p>
<p>C. <u>Professional Development</u></p> <ul style="list-style-type: none"> ■ Assumes adviser responsibilities beyond local level. ■ Attends in-service training sessions and other professional development activities. <p>Points Possible 10</p>	<p>Score _____</p>
<p>D. <u>Recommendations</u></p> <p>Recommendations support candidate.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p>Total Points Possible 100 Total Score _____</p>	

Additional Comments:

Disapprove

Recommended Action: ☐ Approve ☐

Signature

Date

FCCLA Adviser Recognition Program

2003-2004 Master Adviser State Summary

Instructions: *Type* the names, schools, addresses and phone numbers of the local advisers endorsed by the state review team for recognition as **Master Advisers**. Enclose applications and postmark by April 1 to--

Lynn Meloche
Chapter Relations Manager
Family, Career and Community Leaders of America
1910 Association Drive
Reston, VA 20191-1584

State Association: _____

Number of applications received _____ Number accepted _____

Number of applications approved for recognition _____

Name Street Address City/State/Zip	School Principal Street Address City/State/Zip	Phone Number

FCCLA Adviser Recognition Program

Adviser Mentor Overview

This program recognizes the skills of experienced advisers who help orient and train new advisers. It also recognizes advisers who have been successful in--

- achieving Master Adviser recognition;
- devoting two years to new adviser assistance;
- assuming adult leadership roles in Family, Career and Community Leaders of America;
- conducting adviser workshops;
- attending training workshops;
- using national and state FCCLA resources.

Criteria for Evaluation

A. New adviser assistance	45%
B. Leadership roles	35%
C. Professional development	10%
D. Recommendations	10%

Requirements

The candidate must have--

- attained Master Adviser recognition;
- assisted beginning advisers for a minimum of two years after receiving Master Adviser recognition.

Application Process

A typed application and at least three recommendations should be submitted to the state adviser by February 1. This application may be submitted by the candidate or as a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. Nominees may need to be contacted to obtain complete information.

Review Process

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, local advisers, teacher educators, local family and consumer sciences supervisors, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

Recognition

All recipients selected at the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisers unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from API, 4471 Nicole Dr., Lanham, Maryland, 20706, 800/507-7007, or www.fccla-store.com.

FCCLA Adviser Recognition Program

2003-2004 Adviser Mentor Application

Instructions

Type all information. Do not attach additional pages or materials except where noted. Responses to questions should be based on your work as an Adviser Mentor during a two-year period.

Return the following to your state adviser by February 1:

1. A completed copy of this Adviser Mentor Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - school administrator (principal, superintendent or vocational director)
 - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's name _____

School address _____

City/State/Zip _____

Home address _____

City/State/Zip _____

Phone: School _____ Fax _____ Home _____

Number of years teaching _____ Number of years advising _____

Courses taught: ☐-Comprehensive ☐-Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and consumer sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

Adviser Mentor Application continued--Page 2

A. New Adviser Assistance (45%)

List names of advisers you have helped develop a chapter (new or reaffiliated) since you achieved Master Adviser status. Describe both how you helped them become involved in state and national programs and develop advising skills.

<u>Year</u>	<u>Adviser's Name</u>	<u>Chapter</u>	<u>How You Helped Them</u>
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B. Leadership Roles (35%)

Describe FCCLA leadership roles you have fulfilled and adviser training workshops you have conducted at the district, state and national levels.

List your most rewarding accomplishments as an Adviser Mentor.

C. Professional Development (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter during your years as an adviser.

D. Adviser Mentor Recommendations (10%)

Please photocopy the attached Adviser Mentor Recommendation Form and secure one recommendation from each of the groups listed below. A total of 3 recommendations are required.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)

FCCLA Adviser Recognition Program

Adviser Mentor Recommendation

Applicant Instructions

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser.

Evaluator Instructions

_____ is applying for recognition as a Adviser Mentor. Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

An Adviser Mentor is one who has--

- devoted at least two years to assisting beginning or returning advisers;
- encouraged teachers to establish chapters;
- encouraged beginning advisers to participate in state and national activities;
- helped beginning advisers develop plans and systems of management;
- provided positive reinforcement to new advisers;
- listened to beginning advisers' concerns;
- conducted adviser training activities;
- assumed adult leadership roles in Family, Career and Community Leaders of America;
- attended recent FCCLA meetings beyond the local level;
- used current FCCLA resources.

FCCLA Adviser Mentor Recommendation

Name of candidate _____

Instructions

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Assists beginning advisers to--			
■ establish new chapter;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ participate in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ develop plans and systems of management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listens to beginning advisers' concerns and provides positive reinforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assumes adult leadership roles in FCCLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conducts adviser training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participates in professional development for advisers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends FCCLA meetings beyond local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses FCCLA resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature

Date

Person completing this form:

Indicate your position:

Name _____
Title _____
School _____
Address _____
City/State/Zip _____
Phone () _____

- ☐ FCCLA Member
☐ School Administrator
(principal, superintendent or vocational director)
☐ Person of candidates choice
(Teacher educator, city supervisor, another teacher, etc)

FCCLA Adviser Recognition Program

Adviser Mentor Screening Form

Instructions: This form is provided for the state adviser's use in screening applications. Complete the grid below for each Adviser Mentor application received. Check whether each item is included in the application materials. Note whether the application was accepted or rejected for review.

Name _____

School _____

City _____

	Date Received	Reviewed
Application form		
Recommendation I FCCLA member		
Recommendation II School Administrator (Principal/superintendent/vocation director)		
Recommendation III Person of Candidate's choice (Teacher educator, city supervisor, another teacher, etc.)		
Master Adviser recognition		
Two years' assistance to beginning advisers since Master Adviser Recognition		
Deadline met (optional)		
Application accepted		
Application rejected		

FCCLA Adviser Recognition Program

Adviser Mentor Scoring Criteria

Candidate's Name _____

Instructions: This form is to be completed by members of the review committee. Please evaluate the candidate's application and recommendations, recording findings below. Provide comments and note scores where requested. Indicate approval or disapproval of the candidate's application for recognition. Finally, sign and date the form.

Criteria	Comments
<p>A. <u>New Adviser Assistance</u></p> <p>Examples of action might include--</p> <ul style="list-style-type: none">■ encourage advisers to develop chapters;■ encouraged advisers to participate in state and national activities;■ helps advisers develop plans and systems of management;■ shared techniques;■ provided positive reinforcement;■ listened to beginning advisers' concerns. <p>Points Possible 45</p>	<p>Score _____</p>

<p>B. <u>Leadership Roles</u></p> <p>■ Has assumed adult leadership roles in Family, Career and Community Leaders of America.</p> <p>■ Has led adviser training activities.</p> <p>Points Possible 35</p>	<p>Score _____</p>
<p>C. <u>Professional Development</u></p> <p>Keeps up-to-date with Family, Career and Community Leaders of America through training opportunities.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p>D. <u>Recommendations</u></p> <p>Recommendations support candidate.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p>Total Points Possible 100</p> <p>Total Score _____</p>	

Additional Comments:

Recommended Action: ☐ Approve ☐ Disapprove

Signature Date

FCCLA Adviser Recognition Program

2003-2004 Adviser Mentor State Summary

Instructions: *Type* the names, schools, addresses and phone numbers of the local advisers endorsed by the state review team for recognition as **Adviser Mentors**. Enclose applications and postmark by April 1 to--

Lynn Meloche
Chapter Relations Manager
Family, Career and Community Leaders of America
1910 Association Drive
Reston, VA 20191-1584

State Association: _____

Number of applications received _____ Number accepted _____

Number of applications approved for recognition _____

Name Street Address City/State/Zip	School Principal Street Address City/State/Zip	Phone Number